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| • | | | PAT | ENT APPLIC | | V FEE DE ute for Form | | ON RECORD | | | Application or Docket Number | | |
|-------|--|---|---|---|--------------|---|--|-----------|--------------------|------------------------|------------------------------|--------------------|---------------------------------------|
| | • | CLAIMS AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | OR | | R THAN ENTITY |
| | | | FOR | NUMBI | NUMBER FILED | | NUMBER EXTRA | | RATE | FEE | | RATE | FEE . |
| | Ī | | IC FEE CFR 1.16(a)) | | | | | | | \$ | 0.5 | IVAIL | \$ |
| | ı | TOT | AL CLAIMS CFR 1.16(c)) | 22 | minus 20 | | | | | <u> </u> | OR | | |
| | ŀ | INDE | PENDENT CLA | | | | | | × \$= | | OR | <u> </u> | |
| | ŀ | (37 (| CFR 1.16(b)) | 0 | minus 3 = | | <u> </u> | | × \$= | | . OR | X \$= | |
| | ŀ | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | | + \$= | | ÓR | +s= | |
| | | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | OR | TOTAL | · · · · · · · · · · · · · · · · · · · |
| | | CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| | | (Column 1) (Column 2 | | | | | 2) (Column 3) | _ | SMALL E | ENTITY | OR | OTHER SMALL | |
| [[| | ENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBER PREVIOUS PAID FOI | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL : FEE |
| 1.11 | 1Cb | , | Total (37 CFR 1.16(c)) | 16 | Minus | 7 | 2 - |] | x s_ = | | OR | x s= | |
| 17114 | 1 | AMENDM | Independent (37 CFR 1.16(b)) | . (/ | Minus | - | 3 = | 1 | X \$= | | OR | × s= | |
| | | Ą | FIRST PRESENT | FATION OF MULTIPL | E DEPEND | ENT CLAIM (3 | 37 CFR 1.16(d)) | 1 | + \$ = | | OR | +\$ = | |
| | ſ | ' (Column 1) (Column 2) (Column 3) | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| | | | | | | | | | ' | | | | |
| | | ENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUS PAID FOR | PRESENT | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | | M | Total (37 CFR 1.16(c)) | • | Minus | ** | = | 1 | x s= | | OR | x \$= | |
| | 1 | ÎĒN | Independent (37 CFR 1.16(b)) | • | Minus | *** | = | 1 | × \$= | | OR | × \$= | |
| | ı | AM | FIRST PRESENT | FATION OF MULTIPL | E DEPEND | ENT CLAIM (3 | 37 CFR 1.16(d)) | | + \$ = | | OR | + \$ = | |
| | ſ | ٥ | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| | | | : | 2) (Column 3) | | | | | | | | | |
| | | ENTC | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUS PAID FOR | PRESENT ELY EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | | M | Total (37 CFR 1.16(c)) | * | Minus | ** | = | | x \$= | | OR | × \$= | |
| | | AMENDMENT | Independent (37 CFR 1,16(b)) | • | Minus | *** | = | 1 | X \$= | | OR | × \$= | |
| | | ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | + \$= | | OR | + \$= | |
| | ſ | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | - |
| | | • | * If the "Highest | Number Previously | Paid For | " IN THIS SPA | write "0" in column ACE is less than 20, | ent | | | ı | | |
| | *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate the property of the p | | | | | | | | | | e box in c | olumn 1. | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.